



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Horiuchi Bell	Anne	T.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
National Association of Settlement Purchasers c/o MultiState Associates Inc.			703-684-1110
MAILING ADDRESS (Street)			FAX
515 King Street, Suite 300			703-684-7912
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie Calvin			703-684-1110
MAILING ADDRESS (Street)			FAX
515 King Street, Suite 300			703-684-0717
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Chae S. Arruich-Bell

(Signature of Lobbyist)

3/16/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Paul W. Hallman

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President (MultiState Associates)

NAME OF ORGANIZATION (if applicable)

National Association of Settlement Purchasers
c/o MultiState Associates Inc.

TELEPHONE

703-684-1110

MAILING ADDRESS (Street)

515 King Street, Suite 300

FAX

703-684-7912

(City)

(State)

(Zip Code)

Alexandria, VA 22314

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Paul W. Hallman

(Signature of Authorizing Officer or Person Represented)

March 14, 2006

(Date)